

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : M. & G ENTERPRISES GROUP CORP.
Account Number : I20110000078
Phone : (305)222-1960
Fax Number : (800)764-6092

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
BH BEHAVIOR THERAPY CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Corporate Filing Menu

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AUG 16 2017

T. SCOTT



August 14, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

M & G ENTERPRISES GROUP CORP.

SUBJECT: BH BEHAVIOR THERAPY CORP
REF: W17000066322

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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KYLE D BRUMBLEY
Regulatory Specialist II
New Filing Section

FAX Aud. #: H17000213430
Letter Number: 917A00016533

((H170002134303))

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: BH BEHAVIOR THERAPY CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: BH BEHAVIOR THERAPY CORP

Name (Printed or typed)
6950 SW 110CT

Address
MIAMI FL 33173

City, State & Zip
305-305-8896

Daytime Telephone number
barbarahage09@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: BH BEHAVIOR THERAPY CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6950 SW 110 CT

6950 SW 110 CT

MIAMI, FL 33173

MIAMI, FL 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BARBARA HAGE REYES, President

Name and Title: _____

Address 6950 SW 110 CT

Address: _____

MIAMI, FL 33173

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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17 AUG 5 AM 9:16
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BARBARA HAGE REYES
Address: 6950 SW 110 CT
MIAMI, FL 33173

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: BARBARA HAGE REYES
Address: 6950 SW 110 CT
MIAMI, FL 33173

ARTICLE VIII EFFECTIVE DATE: 08/11/2017

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]
Required Signature/Registered Agent

08/11/2017

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

08/11/2017

Date

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